

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09774646

FILING DATE

02-06-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13	✓						63						
14		✓					64						
15	✓						65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	✓		✓		✓	TOTAL IND.		✓		✓		✓
TOTAL DEP.	17	✓		✓		✓	TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS	20						TOTAL CLAIMS						